Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DOVER, CITY OF ADDRESS: P.O. BOX 115

DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE DOVER, ID 83825

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	10.3	****	deg C		Weekly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	deg C		Weekly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.129	.975	lb/d	*****	.43	3.25	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	88	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	*****	****	6.7	****	7.1	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	****	0	0	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	49	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Mike Wade	TELEP	HONE	DATE
/ will be drived with the second of the seco	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)290-1562)1/07/2016
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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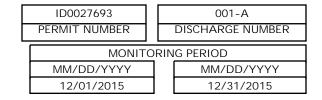
NÄME: DOVER, CITY OF ADDRESS: P.O. BOX 115

DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

DOVER, ID 83825



DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.036	*****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	****	*****	.13	.3	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	96	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	100	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	79 MN % RMV	****	*****	%		Monthly	CALCTD

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7 Willia Gridina Mayor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)290-1562)1/07/2016
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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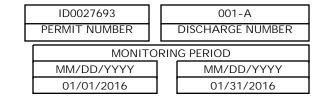
NAME: ' DOVER, CITY OF ADDRESS: P.O. BOX 115

DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

DOVER, ID 83825



DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	9.4	*****	deg C		Weekly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	deg C		Weekly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.24	1.8	lb/d	*****	.46	3.5	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	87	*****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	*****	****	6.8	****	7.2	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	****	0	0	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	27	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.089	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

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/ will be driand/ wayer	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)290	0-1562)2/09/2016
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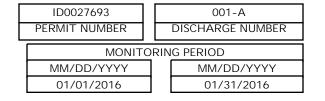
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DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

DOVER, ID 83825



DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	*****	0	1	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.064	*****	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	.3	.2	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	96.2	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	100	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	79 MN % RMV	****	****	%		Monthly	CALCTD

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	*****	8.8	****	deg C		Weekly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	deg C		Weekly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.22	1.5	lb/d	*****	.44	3	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	44	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	7.1	****	7.3	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.03	.5	lb/d	*****	.06	1	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	19	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	0	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Mike Wade Annie Shaha/ Mayor person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)290-1562)3/07/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

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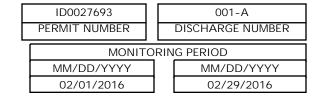
NAME: ' DOVER, CITY OF ADDRESS: P.O. BOX 115

DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

DOVER, ID 83825



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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	0	1	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.06	*****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	.3	.3	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	93.18	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	94.7	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	79 MN % RMV	****	****	%		Monthly	CALCTD

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)290)3/07/2010	
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE DOVER, ID 83825 DID0027693
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

03/01/2016

001-A
DISCHARGE NUMBER

MM/DD/YYYY

MM/DD/YYYY

03/31/2016

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

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No Discharge

		QUAN	ITITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	****	9.3	****	deg C		Weekly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	deg C		Weekly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.22	1.5	lb/d	*****	.43	3	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	****	*****	64	*****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	7.1	****	7.3	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.1	.5	lb/d	*****	.2	1	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	26	*****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

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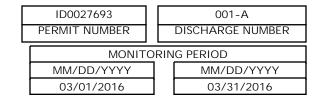
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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	*****	0	0	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.06	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	.2	.2	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	96	*****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	79 MN % RMV	****	*****	%		Monthly	CALCTD

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DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE DOVER, ID 83825

ID0027693	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
04/01/2016	04/30/2016						

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	11.3	****	deg C		Weekly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	deg C		Weekly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.13	.9	lb/d	*****	.43	3	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	*****	*****	71	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	7.1	****	7.4	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.03	.3	lb/d	****	.1	1	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	38	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Wike Wade	TELEP	HONE	DATE
Annie Shaha/ Mayor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)29	0-1562)5/06/2016
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

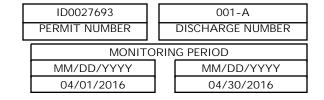
NAME: ' DOVER, CITY OF ADDRESS: P.O. BOX 115

DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

DOVER, ID 83825



DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	*****	0	0	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.036	*****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	.2	.01	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	95	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	79 MN % RMV	****	*****	%		Monthly	CALCTD

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Mike Wade	TELEPI	HONE	DATE
/ will offerful wayer	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)290	D-1562)5/06/2016
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

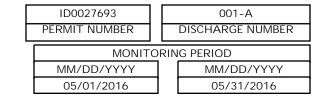
NAME: " DOVER, CITY OF ADDRESS: P.O. BOX 115

DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

DOVER, ID 83825



DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	14.8	****	deg C		Weekly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	*****	deg C		Weekly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.68	12.6	lb/d	*****	.2	1.5	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	2	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	****	7.2	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.5	16.8	lb/d	*****	.06	2	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	75	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.094	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Annie Shaha/ Mayor

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)290-1562

AREA Code

Mike Wade

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)6/08/201

MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

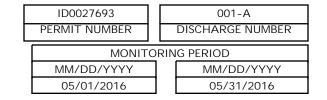
NAME: ' DOVER, CITY OF ADDRESS: P.O. BOX 115

DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

DOVER, ID 83825



DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.01	*****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	.2	.15	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	94	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	79 MN % RMV	*****	*****	%		Monthly	CALCTD

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7 Willia Gridina Mayor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)290-1562)6/08/2016
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DOVER, CITY OF ADDRESS: P.O. BOX 115

DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE DOVER, ID 83825

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	*****	17.3	****	deg C		Weekly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	deg C		Weekly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.02	.8	lb/d	*****	.1	3	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	101	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	6.9	****	7	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.05	.53	lb/d	*****	.2	2	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	51	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	.096	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Annie Shaha/ Mayor

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)290-1562

AREA Code

Mike Wade

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)7/06/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

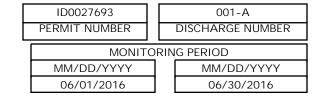
NÄME: DOVER, CITY OF ADDRESS: P.O. BOX 115

DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

DOVER, ID 83825



DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	*****	0	0	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.032	*****	MGD	****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	.2	.01	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	****	97	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	****	96	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	79 MN % RMV	****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	I Wike Wade	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)290-1562)7/06/2010
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: DOVER, CITY OF ADDRESS: P.O. BOX 115

DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE DOVER, ID 83825

DID0027693

PERMIT NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/01/2016

001-A

DISCHARGE NUMBER

MM/DD/YYYY

07/31/2016

DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	S TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	18.8	****	deg C		Weekly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	*****	deg C		Weekly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	121	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	6.9	****	7	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	15 MO AVG	23 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	157	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Annie Shaha/ Mayor

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)290-1562

AREA Code

Mike Wade

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)8/10/201

MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

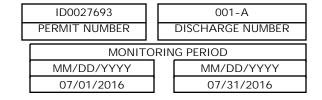
NAME: ' DOVER, CITY OF ADDRESS: P.O. BOX 115

DOVER, ID 83825

FACILITY: DOVER, CITY OF - DOVER WWTP

LOCATION: 805 RAILROAD AVENUE

DOVER, ID 83825



DMR Mailing ZIP CODE: 83825

MINOR (SUBR 01)

TO THE PEND OREILLE RIVER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	S TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	0	0	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.04	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	.2	.2	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	.75 WKLY AVG	.5 MO AVG	mg/L		Weekdays	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	100	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	100	*****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	79 MN % RMV	****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Mike Wade	TELEPI	DATE	
7 Willie Gridina, Wayer	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)290-1562)8/10/2016
TYPED OR PRINTED	anoniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY